

PLEASE READ PAGES I-VII

[These books of medical certificate forms are supplied for the use of registered practitioners *only*. They may be obtained *gratis* from the Registrar of Births and Deaths for the sub-district in which the practitioner resides. The issue of the medical certificate of cause of death to the registrar is a statutory duty for which no fee is authorised.]

MED A
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Nº 279951

to

MED A
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Nº 280000



FORMS FOR
MEDICAL CERTIFICATES
OF THE
CAUSE OF DEATH

under the Births and Deaths Registration Act, 1953

Prescribed by Regulations made by the Registrar General with the approval of the Minister of Health
under Section 22 (I) of the Births and Deaths Registration Act, 1953

THESE FORMS MUST BE KEPT IN SAFE CUSTODY
NOT TO BE USED IN CASES OF STILL-BIRTHS (^{See}
page i)

Form 66
(50 Forms)

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Printed by Authority of the Registrar General.

STATUTORY PROVISIONS RELATING TO MEDICAL CERTIFICATES OF THE CAUSE OF DEATH

Section 22 of the Births and Deaths Registration Act, 1953, provides that:—

(1) “In the case of the death of any person who has been attended during his last illness by a registered medical practitioner, that practitioner shall sign a certificate in the prescribed form stating to the best of his knowledge and belief the cause of death and shall forthwith deliver that certificate to the registrar.”

(2) “On signing a certificate of the cause of death under the foregoing subsection the medical practitioner shall give in the prescribed form to some qualified informant of the death notice in writing of the signing of the certificate, and that person shall, except where an inquest is held on the body or touching the death of the deceased person, deliver the said notice to the registrar.”

(3) “The Registrar General shall from time to time furnish to every registrar printed forms of the certificates required to be signed by registered medical practitioners under subsection (1) of this section, and every registrar shall furnish such forms free of charge to any registered medical practitioner residing or practising in that registrar’s sub-district.”

Certificate to be given in prescribed form

The certificate of cause of death given by a registered medical practitioner must therefore be in the prescribed form, and in no other. The form prescribed is contained in the books of forms supplied by the Registrar General through registrars of births and

deaths; and the particulars required to be given must accordingly be stated in the certificate in the manner provided for in the form.

Certificate to be delivered forthwith to the Registrar of Births and Deaths

The practitioner is provided by the registrar of births and deaths with a supply of official franked envelopes for the purpose if desired of posting the certificates to the registrar. **These envelopes must not be used for any other purpose, and no alteration may, in any circumstances, be made in the printing on them.**

Notice of Signing of Certificate to be given to Informant

It is the duty of the practitioner, on signing a certificate of cause of death, to give written notice of the signing to the relative or other person liable to act as informant of the death for registration purposes. The form contains a tear-off portion to be used by the practitioner in giving such notice. This tear-off portion bears the same serial number as that borne upon the form of certificate itself. **The practitioner is required to give the notice to the relative in the case of a particular death upon the tear-off portion of the form upon which he writes and signs the certificate of the cause of such death.** Thus the practitioner’s certificate of cause of death and the notice given to the relative that the practitioner has signed such a certificate must bear the same serial number.

Particulars of Cause of Death

See notes and suggestions on page ii and examples on page vii

as to the manner in which the certificate of cause of death should be completed.

Still-births

The Births and Deaths Registration Act, 1953, as amended by the Population (Statistics) Act, 1960, requires all still-births to be registered. A registered medical practitioner who was present at the birth or examined the body of the child must, on the request of the parent or other person who is qualified to give information to the registrar for the purposes of registration, give to that person a certificate stating that the child was not born alive and also, where possible, stating the cause of death and the estimated duration of the pregnancy. This certificate has to be given to the registrar by the informant.

The forms of certificate of still-birth may be obtained on request from registrars of births and deaths. **The forms in this book must not be used in cases of still-birth.**

The Act defines “still-born” and “still-birth” for the purpose of still-birth registration as follows:—

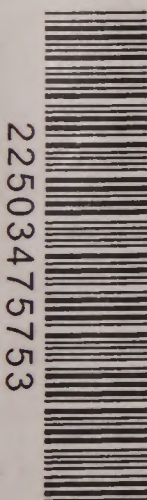
“still-born child means a child which has issued forth from its mother after the twenty-eighth week of pregnancy and which did not at any time after being completely expelled from its mother, breathe or show any other signs of life and the expression ‘still-birth’ shall be construed accordingly.”

Any child which has breathed or shown any other sign of life is considered as live-born for registration purposes.

GENERAL REGISTER OFFICE,

SOMERSET HOUSE,

LONDON, W.C.2.



NOTES AND SUGGESTIONS TO CERTIFYING MEDICAL PRACTITIONERS

No medical certificate of cause of death may be given on the prescribed form unless the certifying medical practitioner has been in attendance upon the deceased during his or her last illness. The certificate must be given and signed by the practitioner who has been attending the deceased during the last illness; and no other person or practitioner may sign the certificate on his behalf.

A registered medical practitioner who was in attendance upon a deceased person during the last illness is required to give a medical certificate of cause of death on the prescribed form in every case (see note on Statement A below).

Confirmation by post-mortem

It has been found that the certificate of cause of death is often completed before the results of a post-mortem examination are known, results which might provide further information of value for statistical purposes. Accordingly, provision has been made on the front of the certificate for the practitioner to state whether the certified cause takes account of post-mortem information or, if not, whether such information may be available later. If the latter is indicated (i.e. if digit 2 is ringed), an enquiry will in due course be sent to the practitioner in order that he may communicate any further information with respect to the death which he may then be able and willing to give.

Statement that deceased person was seen or not seen after death

The extent to which the bodies of deceased persons are seen after death by a medical practitioner is a matter of some public interest, and arrangements have been made for the publication of statistics on this subject. It is desirable that the number of cases in which the deceased person is seen after death should include those where although the body was not seen by the medical practitioner who signed the certificate it was seen by some other medical practitioner. In these circumstances, the certifying practitioner is asked to ring letter (b). Otherwise letters (a) or (c), as appropriate, should be ringed.

Statement A

(back of certificate form)

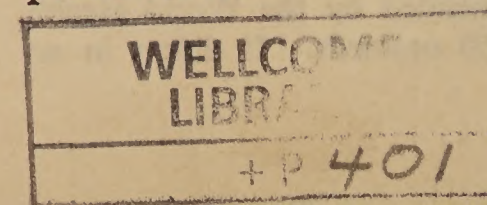
In every case of violent or unnatural death or sudden death of which the cause is unknown or death under any circumstances of suspicion, generally it is the duty of every person who is about the deceased to give immediate notice to the coroner or his officer.

A medical practitioner in attendance during the deceased's last illness who, in accordance with the obligation referred to above, reports the death, or causes a report to be made, to the coroner, should not on this account refrain from giving a medical certificate of cause of death, since the practitioner's duty to give the certificate if he is qualified to do so appears to be absolute (see section 22(1) of the Births and Deaths Registration Act, 1953, quoted on p. i.) The knowledge that he or some other person has reported, or will report, the death to the coroner cannot affect the duty to give the certificate, but in any such case the practitioner is requested to initial Statement A on the back of the certificate. It will then be the duty of the registrar to await the coroner's decision in the matter before proceeding with registration of the death or issuing a certificate for disposal of the body.

Statement B

(back of certificate form)

In the past, practitioners have been asked to initial Statement B on the back of the certificate in cases where they were aware, when certifying the cause of death, that some post-mortem or laboratory examination was about to take place from which additional information might become available. Practitioners are now able to indicate on the front of the certificate that post-mortem information may be available later (see above) and this indication will no doubt cover most of the cases where Statement B was previously initialled. Cases may still occur, however, where the results of a histological or bacteriological examination are not available at the time of certification and in these circumstances the practitioner is asked to initial Statement B. A request for the additional information will then be sent to the practitioner.



NOTES AND SUGGESTIONS TO CERTIFYING MEDICAL PRACTITIONERS—Continued

STATEMENT OF CAUSE OF DEATH

1. The cause of death (excluding interval between onset and death) as certified by the practitioner in attendance during the last illness is entered by the registrar in the death register and forms part of that record. The entry in the death register and the certificate of cause of death itself are also utilised as material for the mortality statistics published by the Registrar General.

The value of these statistics will be materially enhanced if certifying medical practitioners will:—

(a) read and adopt, so far as possible, the suggestions printed below, remembering that the international classification of causes of death is based, not upon terminal clinical states but upon the *antecedent and underlying pathological causes*, of which the certifier is generally best qualified to form an opinion;

(b) write the names of diseases (*in full*) in the certificates as legibly as possible, to avoid the risk of their being incorrectly transcribed into the death register.

In view of the importance for many public purposes of the mortality statistics based upon these certificates, the Registrar General hopes that he may rely upon the co-operation of the medical profession in these matters.

2. It is desirable that medical practitioners should employ as far as possible only those terms recommended in the Nomenclature of the Royal College of Physicians of London or mentioned in the International Statistical Classification of Diseases, Injuries and Causes of Death. The use of vague and ill-defined terms is particularly to be avoided.

An alphabetical list of commonly used incomplete causes is appended, with comments indicating in what respect the term is unsatisfactory and what further information as to the cause of death is required in each case for classification purposes. A few unobjectionable terms are included in the list for special reasons.

3. In cases where an indefinite term has to be employed because more definite information is lacking it would be well to indicate this fact in the certificate, e.g., by the words "Cause Unknown".

4. The certificate is in the form recommended by the World Health Organization for international use from 1950 onwards. It differs in no

essential particular from the form used by the Registrar General since 1927, except that space is given for the interval between reputed onset and death. (See 8.)

5. In a very large number of cases only one cause of death need be stated and in these the form of the certificate is of little importance. But where two or more causes must be entered it is of the utmost importance for purposes of classification that the arrangement of causes on the certificate should accurately represent the certifying practitioner's opinion as to their order of occurrence if the causes were related one to another, or as to their relative importance if independent.

6. The present form of certificate is divided into two sections (I and II). In "I" should be entered the immediate cause of death and any morbid conditions which led up to it, if such there were, the latter being stated in order backwards from the immediate to the antecedent causes. In "II" should be entered conditions which are not in the chain of pathological events which have led to the immediate cause of death but which have none the less contributed to the fatal issue. The examples on page vii will make these points clear.

7. It is suggested that the practitioner should in each case first consider whether the essential features of the case cannot be epitomised by statement of a single cause (e.g., pulmonary tuberculosis) and that where entry of more than one cause is required he should next consider whether the conditions specified were or were not of independent origin, and indicate this by entry in the appropriate space.

8. When possible it should be stated in the certificate whether the condition was acute or chronic. In addition to such statement (and not as a substitute for it) the interval between date of onset, as nearly as it can be estimated, and date of death is asked for in the case of each condition entered. In many instances this can only be a rough guide to duration, but even so it will suffice to prevent errors in classification to the underlying cause.

9. In addition to the foregoing general considerations, the following points as to special causes of death call for attention:—

(a) **Cancer.**—The primary site should be stated in all cases where it is

known, even if the primary growth has been removed at previous operation. If it is not known, state the site of the secondary growths and add "Primary not known". Primary growths in the liver, lung, or lymph nodes should be specified as primary.

The following list shows the way in which the International Classification of Diseases classifies cancer of certain sites. If these requirements are borne in mind when completing medical certificates of cause of death, enquiries for additional information will be avoided.

Lip	upper, lower
Tongue	base, other parts
Mouth	floor, other parts
Nose	internal, external
Pharynx	tonsil, other mesopharynx, nasopharynx, hypopharynx
Small intestine	duodenum, other parts
Large intestine	ascending, transverse, descending, sigmoid
Uterus	cervix, corpus, other (including chorionepithelioma)
Skin	specified parts of face and neck, trunk, upper limb, lower limb
Nervous system	brain, spinal cord, meninges, peripheral, sympathetic

(b) **Childbirth.**—Whenever parturition or pregnancy has been in any way a contributory cause of death, the nature of the abnormality, if any, should be mentioned on the certificate. If the delivery was an abortion (under 28 weeks gestation) or was premature, this should be stated. The word puerperal should not be applied to post-abortive conditions. Whatever the cause, state whether death occurred during pregnancy or after abortion or childbirth.

(c) **Prematurity.**—State the weight at birth if known; if not, the estimated duration of gestation.

(d) **Congenital causes.**—If believed to have been congenital, state this.

(e) **Operations.**—Mention tonsillectomy; mention Caesarean section or use of instruments in parturition. Always state the disease or condition for which the operation was performed.

(f) **Anaesthetics.**—When death occurs during anaesthesia, or is in any degree attributable thereto, the nature of the anaesthetic(s) used and their sequence should be recorded.

LIST OF INDEFINITE OR UNDESIRABLE TERMS

Reference No.	INDEFINITE OR UNDESIRABLE TERM (<i>i.e.</i> , when used without further particulars indicated opposite).	FURTHER INFORMATION REQUIRED (IF AVAILABLE) ; and Notes on the use of certain Terms.	Reference No.	INDEFINITE OR UNDESIRABLE TERM (<i>i.e.</i> , when used without further particulars indicated opposite).	FURTHER INFORMATION REQUIRED (IF AVAILABLE) ; and Notes on the use of certain Terms.	Reference No.	INDEFINITE OR UNDESIRABLE TERM (<i>i.e.</i> , when used without further particulars indicated opposite).	FURTHER INFORMATION REQUIRED (IF AVAILABLE) ; and Notes on the use of certain Terms.
1	Abscess	State cause (especially whether tuberculous) and situation.	21	Caries	(a) Part affected ; (b) disease causing this condition.	36	Cyanosis	Disease or malformation causing this condition.
2	Acetonæmia, acetone-uria, acidosis.	Disease causing this condition.	22	Catarrh of bowels ..	Taken as equivalent to diarrhœa.	37	Debility, atrophy, or asthenia.	Disease causing this condition.
3	Albuminuria	Disease causing this condition.	23	„ of lungs ..	Taken as equivalent to bronchitis.	38	Defective vitality ..	Cause of this condition. Was the case one of premature birth or of congenital malformation ?
4	Anæmia	Disease causing this condition. If primary, state variety.	24	„ of stomach ..	Taken as equivalent to gastritis.	39	Dementia	Disease causing this condition. (If primary say so.)
5	Aneurysm	State whether of aorta (thoracic or abdominal) other artery, vein or heart.	25	Cellulitis	Cause of cellulitis and part affected.	40	Dentition	Disease causing death.
6	Angina pectoris ..	Was there coronary disease? Was hypertension present?	26	Cerebral effusion ..	Disease causing this condition. If not known, state whether hæmorrhagic or serous.	41	Diabetes	Particular care should be taken to differentiate between diabetes as the underlying cause of death and as an associated condition.
7	Aortitis, arteritis, endarteritis	Was the condition due to syphilis ? (If so, see No. 124.)	27	Cerebrospinal meningitis.	Cause of this condition. Always certify meningococcal meningitis or cerebrospinal fever if this disease is meant.	42	Diarrhœa	Cause of this condition, if known.
8	Apoplexy	State site of lesion.	28	Childbirth	How this physiological process caused death.	43	Disease of bowels, brain, heart, or other organ.	State form of disease.
9	Atrophy of brain or other organ.	Disease causing this condition.	29	Cirrhosis of liver ..	Cause of this condition, or type.	44	Dropsy, ascites ..	Disease causing this condition.
10	Bedsore	Condition confining patient to bed.	30	„ of lung ..	Was the condition tuberculous at the time of death ? State its originating cause if known, <i>e.g.</i> , form of dust inhaled. Was it occupational ?	45	Dysentery	State variety.
11	Blood poisoning ..	Variety of toxic condition present (pyæmia, septicæmia, etc.) and cause of this condition.	31	Colloid tumour ..	Site and nature of tumour (carcinoma, thyroid, etc.).	46	Dyspepsia	Disease causing this condition.
12	Bronchitis	State whether acute or chronic.	32	Congestion of brain, kidney, liver, lung, or other organ.	If the disease amounted to an inflammation, use the appropriate term (lobar- or bronchopneumonia, acute or chronic nephritis, etc.). Merely passive congestion should not be reported as a cause of death when its cause can be stated.	47	Eclampsia	Disease causing this condition. Was it associated with pregnancy or parturition ?
13	Bright's disease ..	State whether acute or chronic. (See No. 84.)				48	Embolism	Site (vein or artery) and cause of the embolism. Was it post-abortive or puerperal ? If following operation state condition for which it was performed.
14	Cachexia	Disease causing this condition.				49	Encephalitis	Cause of this condition, if known.
15	Cæsarean section ..	State indication for this operation. (See No. 90.)				50	Endocarditis	Acute or chronic ? Arteriosclerotic, hypertensive, rheumatic or other ? If rheumatic, was rheumatic fever present at time of death ?
16	Cancer, carcinoma ..	(a) Variety ; (b) primary site if known. (See also para. 9 (a) on p. iii.)	33	Convulsions	Disease causing this condition.	51	Endometritis	Was it due to puerperal infection ?
17	Cardiac asthma ..	Disease causing this condition. See note 3 (a) on page ii. "Cardiac failure" may connote nothing beyond the fact of death.	34	Croup	Disease causing this condition, as diphtheria, laryngitis, laryngismus stridulus, etc. The word croup is best avoided.	52	Erythema	Disease causing this condition.
18	„ debility, failure, weakness ..					53	Gangrene	Disease causing this condition.
19	„ dilatation ..							
20	„ paralysis ..		35	Curvature of spine, angular, lateral, etc.	Cause of this condition.			

LIST OF INDEFINITE OR UNDESIRABLE TERMS—Continued

Reference No.	INDEFINITE OR UNDESIRABLE TERM (<i>i.e.</i> , when used without further particulars indicated opposite).	FURTHER INFORMATION REQUIRED (IF AVAILABLE) ; and Notes on the use of certain Terms.	Reference No.	INDEFINITE OR UNDESIRABLE TERM (<i>i.e.</i> , when used without further particulars indicated opposite).	FURTHER INFORMATION REQUIRED (IF AVAILABLE) ; and Notes on the use of certain Terms.	Reference No.	INDEFINITE OR UNDESIRABLE TERM (<i>i.e.</i> , when used without further particulars indicated opposite).	FURTHER INFORMATION REQUIRED (IF AVAILABLE) ; and Notes on the use of certain Terms.
54	Gastritis, gastro-intestinal irritation.	Avoid using these terms as synonyms for gastro-enteritis.	70	Jaundice, icterus ..	Disease causing this condition (and see hepatitis).	88	Œdema of lungs ..	Disease causing this condition.
55	General paralysis, paresis.	If general paralysis of the insane is meant add the words "of the insane", and in all other cases indicate the disease causing the condition.	71	Jaundice, malignant ..	Disease causing this condition. Was it cancer ?	89	Old age	Disease causing death, if known.
56	Glioma	State site and whether benign or malignant.	72	Leukaemia	State variety and whether acute or chronic.	90	Operation	Always state the condition for which the operation was performed, and any antecedent cause of that condition.
57	Growth, neoplasm, new growth, tumour.	Situation and nature of growth, indicating if possible, whether benign or malignant. If not known, add "nature unknown".	73	Lumbar abscess ..	Cause and site of origin. Was it tuberculous?	91	Organic disease of brain, heart, or other organ.	State nature of disease.
58	Hæmatemesis	Disease causing this condition.	74	Malignant disease ..	The word malignant should never be used in reference to any disease when such use may cause confusion with cancer.	92	Papilloma	State site and whether benign or malignant.
59	Hæmoptysis	Disease causing this condition. Was it a case of tuberculosis of lungs ?	75	Malnutrition	Disease causing this condition.	93	Paralysis	Nature, cause, and situation of lesion.
60	Hæmorrhage	Source and cause of the hæmorrhage.	76	Marasmus	Disease causing this condition in an adult.	94	Paralytic ileus ..	If following an operation, state condition for which it was performed.
61	Hemiplegia	Nature and cause of lesion, if known.	77	Membranous croup ..	Taken as equivalent to diphtheria.	95	Paraplegia	Nature, cause, and situation of lesion.
62	Hepatitis	Cause of this condition. (<i>e.g.</i> , epidemic, toxæmia of pregnancy). If transmission by serum or inoculation is the suspected cause state this.	78	" laryngitis	Was the condition diphtheritic ?	96	Parametritis	State the cause of this condition.
63	Hernia	State site.	79	Meningitis	Cause of this condition, <i>e.g.</i> , sepsis (stating source), tuberculosis, meningococcal infection, etc.	97	Pelvic abscess, cellulitis	In the case of females none of these terms should be used alone in certifying deaths due to puerperal or post-abortive infection (see No. 111).
64	Hydrocephalus ..	Cause of this condition, especially if congenital or tuberculous.	80	Metritis	Was the condition associated with recent delivery ?	98	Perimetritis, pelvic peritonitis	
65	Hypertension, high blood pressure.	State whether benign or malignant and mention cerebral, cardiac or renal affection, if any.	81	Morbus coxæ	State cause, especially whether tuberculous.	99	Peritonitis	
66	Idiocy, imbecility ..	Taken as implying defect of congenital origin.	82	Myocarditis	Acute or chronic ? State cause if known. Avoid use of the term for degeneration of myocardium.	100	Phlebitis	
67	Inanition	Cause of this condition.	83	Necrosis	Disease causing this condition, and part of body affected.	101	Pemphigus, infantile ..	State site: was it puerperal ? Was this condition due to syphilis ? If so, see No. 124 ; if not, indicate this (<i>e.g.</i> , non-luetic).
68	Infantile asthenia, atrophy or debility.	Disease causing this condition.	84	Nephritis	Acute, chronic parenchymatous or arterio-sclerotic ? Did it result from scarlet fever, etc. ? Was there hypertension ?	102	Peptic Ulcer	State site <i>e.g.</i> , duodenum etc.
69	Insanity	Form of insanity and immediate cause of death.	85	Neuritis	State the cause of this condition (<i>e.g.</i> , alcohol, rheumatism, etc.), if known.	103	Perforation of bowels, stomach, etc.	Cause of this condition.
			86	Obesity	Cause of this condition.	104	Phthisis	Avoid using this term without qualification as to nature. Always state whether tuberculous.
			87	Obstruction of bowel or other organ.	Cause of this condition. Was it due to cancer ? If due to cancer, see also No. 16.	105	" fibroid	Was the condition tuberculous ? State the originating cause, <i>e.g.</i> , form of dust inhaled.
						106	" grinders', miners', potters', etc.	
						107	Pneumonia, chronic or interstitial.	

LIST OF INDEFINITE OR UNDESIRABLE TERMS—Continued

vi

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108	Pneumonia	Was the case one of lobar- or broncho-pneumonia? Did it follow influenza, measles, or other infectious disease?	121	Sclerosis of central nervous system.	Define as disseminated, posterior, lateral, etc.	133	Toxæmia	Cause of this condition. The term intestinal toxæmia should not be used.
109	Pneumothorax ..	Disease causing this condition.	122	Septicæmia, septic infection, sepsis, etc.	Cause of this condition, and if localised what was the situation? In the case of females see No. 111.	134	Toxæmia of pregnancy	Was there eclampsia, albuminuria or yellow atrophy? Did death occur in the pregnant state or after abortion or childbirth?
110	Pregnancy	Disease or condition causing death. See Note 11 (b) on page ii.	123	Softening of brain ..	Cause of this condition (embolism, etc.). The term should not be applied to senile dementia nor to general paralysis of the insane.	135	Tuberculosis	State whether general or local, and if local state the part affected. Avoid the term miliary unless further defined, <i>e.g.</i> , acute generalised miliary tuberculosis.
111	Puerperal fever ..	Avoid the use of this indefinite term by stating the form of infection and clearly distinguishing post-abortive conditions, <i>e.g.</i> , puerperal pyæmia, puerperal septicæmia, post-abortive septic phlebitis, etc.	124	Specific disease ..	The word "specific" will always be understood in the sense of syphilitic.	136	Tumour	See No. 57.
112	Pulmonary abscess ..	Disease causing this condition. Avoid using this term to describe cases of pulmonary tuberculosis.	125	Stomatitis	Cause of this condition, <i>e.g.</i> , thrush, etc.	137	Typhoid pneumonia ..	Avoid the use of this term. Was it a case of enteric fever?
113	Pyæmia	Cause of this condition. Was it puerperal, post-abortive, etc.?	126	Stricture or stenosis of intestine, larynx, œsophagus, pylorus, rectum, etc.	Cause of condition. Was it a case of cancer? Was it a late effect of burn, ulcer, gonorrhœa, etc.?	138	Ulcer	Situation and cause of ulcer and whether perforated.
114	Retro-pharyngeal abscess.	Cause of this condition. Was it tuberculous?	127	Suppression of urine	Cause of this condition.	139	Uræmia	Was it associated with puerperal, post-scarlatinal, or other acute nephritis, chronic nephritis, etc.?
115	Rheumatic arthritis ..	State whether acute, sub-acute, or chronic.	128	Syncope, cardiac syncope.	Cause of this condition. (See Note 3 (a) on page ii.)	140	Uterine hæmorrhage	Cause of hæmorrhage. If associated with pregnancy was there placenta prævia and did death occur in the pregnant state or after abortion or childbirth?
116	Rheumatic fever ..	Distinguish heart affections with active rheumatic fever at death from old heart lesions due to earlier rheumatic fever.	129	Tabes (unqualified) ..	Avoid using this term, which may refer to locomotor ataxy or to the wasting conditions of children.	141	Valvular disease ..	Valves affected? Acute or chronic? Arterio-sclerotic, hypertensive, rheumatic or other? If rheumatic was rheumatic fever present at time of death?
117	Rheumatism	State whether rheumatic fever, rheumatoid arthritis, osteo-arthritis, etc.	130	Tabes mesenterica ..	Term best avoided. Certify as tuberculosis of peritoneum, intestine, mesenteric glands, etc.	142	Yellow atrophy of liver, acute.	In the case of females, was it associated with pregnancy and had abortion or childbirth occurred? See also hepatitis.
118	Rodent ulcer	Position of ulcer.	131	Teething	Disease causing death.			
119	Rubeola	Term best avoided, as it is used for both measles and German measles.	132	Thrombosis	State site and cause; also whether of vein or artery. If following an operation state condition for which it was performed.			
120	Sapræmia	Cause of this condition. Was it puerperal?						

SEVEN EXAMPLES OF METHOD OF USING THE FORM OF MEDICAL CERTIFICATE OF CAUSE OF DEATH

	EXAMPLE 1	EXAMPLE 2	EXAMPLE 3	EXAMPLE 4	EXAMPLE 5	EXAMPLE 6	EXAMPLE 7
I	I	I	I	I	I	I	I
Disease or condition directly leading to death.†	(a) Lobar pneumonia	(a) Puerperal eclampsia after premature parturition (7 months gestation).	(a) Carcinoma of liver	(a) Hæmatemesis	(a) Acute peritonitis	(a) Pyelonephritis	(a) Broncho-pneumonia
Antecedent causes. Morbid conditions, if any, giving rise to the above cause stating the underlying condition last.	(b) —	(b) —	due to (b) Carcinoma of rectum (excised)	due to (b) Chronic gastric ulcer	due to (b) Intestinal perforation	due to (b) Myelitis	due to (b) Operation
	(c) —	(c) —	(c) —	(c) —	due to (c) Typhoid fever	due to (c) Tabes Dorsalis	due to (c) Strangulated inguinal hernia.
II	II	II	II	II	II	II	II
Other significant conditions contributing to the death, but not related to the disease or condition causing it.	—	—	—	—	—	—	Chronic interstitial nephritis.

MED A 279951
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COUNTERFOIL

For use of Medical Attendant, who should in all cases fill it up.

Name of deceased } *Laurence John*
Summers

Date of death } *30.12.63* Age *54*

Place of death } *40A London Road*
Haldon

Last seen alive }

Post-mortem* 1 2 3

Whether seen after death* a b c

Cause of death:—

I a *Brucellosis*
due to
b
due to
c *old TB*

II *Matt*

Signature

Date *31/12/63*

* Ring appropriate digit and letter.

A. Reported to Coroner?

.....

B. Further information offered?

.....

N.B.—If either Statement A or Statement B has been filled up, the fact should be noted in the appropriate place above.

MED A 279951
1

COUNTERFOIL

For use of Medical Attendant, who should in all cases fill it up.

Name of deceased } *Laurence John*
.....
.....*Summers*.....

Date of death } *30.12.63* Age *54*.....

Place of death } *40th London Road*
.....
.....*Hadden*.....

Last seen }
alive }

Post-mortem* 1 2 3

Whether seen
after death* *a* *b* *c*

Cause of death:—

I *a*.....
 due to *Myocardium*
 b.....
 due to
 c.....*old TB*

II

Signature.....*J. J. [Signature]*

Date.....*31/12/63*

* Ring appropriate digit and letter.

A. Reported to Coroner?

.....

B. Further information offered?

.....

N.B.—If either Statement A or Statement B has been filled up, the fact should be noted in the appropriate place above.

MED A 279952

I

COUNTERFOIL

For use of Medical Attendant, who should in all cases fill it up.

Name of deceased

Sidney Hillier
French

Date of death

1/1/64 Age 63

Place of death

Rook Hall
Haybridge

Last seen alive

1/1/64

Post-mortem*

1

2

(3)

Whether seen after death*

(a)

b

c

Cause of death:—

I

a

due to

b

due to

c

Coronary thrombosis

II

Signature

Date

2/1/64

* Ring appropriate digit and letter.

A. Reported to Coroner?

.....

B. Further information offered?

.....

N.B.—If either Statement A or Statement B has been filled up, the fact should be noted in the appropriate place above.

MED A 279953
1

COUNTERFOIL

For use of Medical Attendant, who should in all cases fill it up.

Name of deceased } *M^{rs} Alice Mary*
Smith.

Date of death } *10/1/64* Age *78*

Place of death } *21 Farnbridge Rd*
Halden

Last seen alive } *10/11/64*

Post-mortem* 1 2 3

Whether seen after death* a b c

Cause of death:—

I a *Emphysema*
due to *Chronic Bronchitis*
b
due to
c

II *C.C.F.*

Signature *H. C. Thomas*

Date *10/1/64*

* Ring appropriate digit and letter.

A. Reported to Coroner?

.....

B. Further information offered?

.....

N.B.—If either Statement A or Statement B has been filled up, the fact should be noted in the appropriate place above.

MED A 279954
1

COUNTERFOIL

For use of Medical Attendant, who should in all cases fill it up.

Name of deceased } *Mary Hedgum*

Date of death } *17/1/64* Age *64*

Place of death } *6 Chum St*

Last seen alive }

Post-mortem* 1 2 3

Whether seen after death* a b c

Cause of death:—

I a *Cerebral Haem*

due to

b

due to

c

II

Signature *Mather*

Date *18/1/64*

• Ring appropriate digit and letter.

A. Reported to Coroner?

.....

B. Further information offered?

.....

N.B.—If either Statement A or Statement B has been filled up, the fact should be noted in the appropriate place above.

MED A 279955
1

COUNTERFOIL

For use of Medical Attendant, who should in all cases fill it up.

Name of deceased

Francisco Sarrach

Bowles

Date of death

29.1.64 Age 71

Place of death

54 Cherry Gardens
14 ~~American St~~

Malden

Last seen alive

27-1-64

Post-mortem*

1

2

3

Whether seen

after death*

a

b

c

Cause of death:—

I a

due to

b

due to

c

Acute pulmonary oedema

LV failure

C.A.T.

II

Signature

ISP

Date

30/1/64

* Ring appropriate digit and letter.

A. Reported to Coroner?

.....

B. Further information offered?

.....

N.B.—If either Statement A or Statement B has been filled up, the fact should be noted in the appropriate place above.

MED A 279956
1

COUNTERFOIL

For use of Medical Attendant, who should in all cases fill it up.

Name of deceased

Emily Laneburgan
Ewers

Date of death

19-2-64 Age 84

Place of death

22 Saxon Way
Halden

Last seen alive

18/2/64

Post-mortem*

1

2

3

Whether seen after death*

a

b

c

Cause of death:—

I

a

due to

b

due to

c

II

Signature

Date

• Ring appropriate digit and letter.

A. Reported to Coroner?

.....

B. Further information offered?

.....

N.B.—If either Statement A or Statement B has been filled up, the fact should be noted in the appropriate place above.

MED A 279957
1

COUNTERFOIL

For use of Medical Attendant, who should in all cases fill it up.

Name of deceased } William F
Robins

Date of death } 20/2/64 Age 40

Place of death } 113 Dart Rd
Heywood

Last seen alive } 19/2/64

Post-mortem* 1 2 3

Whether seen after death* a b c

Cause of death:—

I a Ca. tons
due to
b Ca. Ruvum
due to
c

II

Signature J. Williams

Date 20/2/64

* Ring appropriate digit and letter.

A. Reported to Coroner?

.....

B. Further information offered?

.....

N.B.—If either Statement A or Statement B has been filled up, the fact should be noted in the appropriate place above.

MED A 279958
1

COUNTERFOIL

For use of Medical Attendant, who should in all cases fill it up.

Name of deceased } Sidney John White

Date of death } 23.2.64 Age 69

Place of death } D. Ward
St Peter's Hospital, Haildon

Last seen }
alive }

Post-mortem* 1 2 3

Whether seen after death* a b c

Cause of death:—

I a encephalopathy
due to Hypertension
b
due to
c

II

Signature [Signature]

Date 24/2/64

* Ring appropriate digit and letter.

A. Reported to Coroner?

.....

B. Further information offered?

.....

N.B.—If either Statement A or Statement B has been filled up, the fact should be noted in the appropriate place above.

MED A 279959

1

COUNTERFOIL

For use of Medical Attendant, who should in all cases fill it up.

Name of deceased

Fanny Elise Hodge

Date of death

6-3-64 Age 82

Place of death

Hiddelein Home for the Blind Waukegan Ill

Last seen alive

Post-mortem*

1

2

3

Whether seen

after death*

a

b

c

Cause of death:

I a Cerebral thrombosis

due to

b

due to

c

II

Signature

Date

* Ring appropriate digit and letter.

A. Reported to Coroner?

.....

B. Further information offered?

.....

N.B.—If either Statement A or Statement B has been filled up, the fact should be noted in the appropriate place above.

MED A 279960

1

COUNTERFOIL

For use of Medical Attendant, who should in all cases fill it up.

Name of deceased } *Jeanne H*

Barnard

Date of death } *8/3/64* Age *6/52*

Place of death } *2 Black Lion*

Sts Althorne

Last seen alive } *8/8/64*

Post-mortem* 1 2 3

Whether seen after death* a b c

Cause of death:—

I a *Bronchopneumonia*

due to

b *injury before*

due to

c *M.C.A.*

II

Signature *M. J. M. M. M.*

Date *9/8/64*

* Ring appropriate digit and letter

A. Reported to Coroner?

.....

B. Further information offered?

.....

N.B.—If either Statement A or Statement B has been filled up, the fact should be noted in the appropriate place above.

MED A 279961
1

COUNTERFOIL

For use of Medical Attendant, who should in all cases fill it up.

Name of deceased } Miss Ellen West

Date of death } 16-3-64 Age 84

Place of death } Huddellon Home for the Blind
Wentz Rd. Huddellon

Last seen alive } 27-2-64

Post-mortem* 1 2 (3)

Whether seen after death* a b (c)

Cause of death:—

I a. Cerebral
due to thrombosis
b.
due to
c.

II

Signature JSP

Date 16-3-64

* Ring appropriate digit and letter.

A. Reported to Coroner?

.....

B. Further information offered?

.....

N.B.—If either Statement A or Statement B has been filled up, the fact should be noted in the appropriate place above.

MED A 279962

1

COUNTERFOIL

For use of Medical Attendant, who should in all cases fill it up.

Name of deceased

Robert Fuller
Coe

Date of death

Dec. 3. 64 Age *89*

Place of death

Chestnut
Bedford

Last seen alive

Dec. 3. 64

Post-mortem*

1

2

3

Whether seen after death*

a

b

c

Cause of death:—

I a *hypertrophic degeneration*
due to
b
due to
c

II *Heart failure*
Signature *R. H. H.*

Date

Dec. 3. 64

* Ring appropriate digit and letter.

A. Reported to Coroner?

.....

B. Further information offered?

.....

N.B.—If either Statement A or Statement B has been filled up, the fact should be noted in the appropriate place above.

MED A 279963
1

COUNTERFOIL

For use of Medical Attendant, who should in all cases fill it up.

Name of deceased

} Jack Edgar Redvers
Hoddy

Date of death

} 30.3.64 Age 6.3

Place of death

} The Whitehead Cottage
Hendon

Last seen alive

} 28.3.64

Post-mortem*

1

2

3

Whether seen

after death*

a

b

c

Cause of death:—

I

a

due to

b

due to

c

II

Signature

Date

31.3.64

• Ring appropriate digit and letter.

A. Reported to Coroner?

.....

B. Further information offered?

.....

N.B.—If either Statement A or Statement B has been filled up, the fact should be noted in the appropriate place above.

MED A 279964
1

COUNTERFOIL

For use of Medical Attendant, who should in all cases fill it up.

Name of deceased

} Minnie Floyd

Date of death

} 30.5.64. Age 74

Place of death

} 1, Colchester Road
Haverhill

Last seen alive

} 29/4/64

Post-mortem*

1

2

3

Whether seen after death*

a

b

c

Cause of death:—

I

a

due to

b

due to

c

C.C.F.
Hypertension

II

Signature

Date

ISP
1/5/64

* Ring appropriate digit and letter.

A. Reported to Coroner?

.....

B. Further information offered?

.....

N.B.—If either Statement A or Statement B has been filled up, the fact should be noted in the appropriate place above.

MED A 279965
1

COUNTERFOIL

For use of Medical Attendant, who should in all cases fill it up.

Name of deceased

Arthur Henry Platt

Date of death

14-6-64 Age 84

Place of death

3rd Temp Lane

Last seen alive

14-6-64

Post-mortem*

1

2

3

Whether seen after death*

a

b

c

Cause of death:—

I

a

due to

b

due to

c

Crushed / broken
Crown

II

Signature

Date

* Ring appropriate digit and letter.

A. Reported to Coroner?

.....

B. Further information offered?

.....

N.B.—If either Statement A or Statement B has been filled up, the fact should be noted in the appropriate place above.

MED A 279966

1

COUNTERFOIL

For use of Medical Attendant, who should in all cases fill it up.

Name of deceased

Mrs. Sarah Louise
Wendlandt

Date of death

Age 62

Place of death

Biersbank

Goltzinger Rd. Herford

Last seen alive

Post-mortem*

1

2

3

Whether seen after death*

a

b

c

Cause of death:

I a

due to

b

due to

c

Cancer

Cancer

II

Signature

Date

CCF

Malliar

6/6/64

* Ring appropriate digit and letter.

A. Reported to Coroner?

.....

B. Further information offered?

.....

N.B.—If either Statement A or Statement B has been filled up, the fact should be noted in the appropriate place above.

MED A 279967
I

COUNTERFOIL

For use of Medical Attendant, who should in all cases fill it up.

Name of deceased

} W. Frederick
Cullum

Date of death

} 9/6/64 Age 83

Place of death

} Hillston Home for the
Blind Worthy Rd Malden

Last seen alive

} 8/6/64

Post-mortem*

1

2

3

Whether seen

after death*

a

b

c

Cause of death:

I a

due to

b

due to

c

LV Failure
C.A.T.

II

Signature

Date

ISP
9/6/64

* Ring appropriate digit and letter.

A. Reported to Coroner?

.....

B. Further information offered?

.....

N.B.—If either Statement A or Statement B has been filled up, the fact should be noted in the appropriate place above.

MED A 279968
1

COUNTERFOIL

For use of Medical Attendant, who should in all cases fill it up.

Name of deceased } Henry James
Faulkes

Date of death } 6-7-64 Age 85

Place of death } Evelyn Spillkayen Rd.
Hertford

Last seen alive }

Post-mortem* 1 2 3

Whether seen after death* a b c

Cause of death:—

I a. Comm. Tubercles
due to
b.
due to
c.

II

Signature J. J. M. M. M.

Date 6/5/64

* Ring appropriate digit and letter.

A. Reported to Coroner?

.....

B. Further information offered?

.....

N.B.—If either Statement A or Statement B has been filled up, the fact should be noted in the appropriate place above.

MED A 279969
1

COUNTERFOIL

For use of Medical Attendant, who should in all cases fill it up.

Name of deceased } *Eve Elizabeth*
Pygram

Date of death } *3-8-64* Age *75*

Place of death } *5 Highlands Drive*
Malden

Last seen alive } *1-8-64*

Post-mortem* 1 2 3

Whether seen after death* a b c

Cause of death:—

I a *hypertension*
due to
b
due to
c

II *thrombotic occlusion*

Signature *[Signature]*

Date *4-8-64*

* Ring appropriate digit and letter.

A. Reported to Coroner?

.....

B. Further information offered?

.....

N.B.—If either Statement A or Statement B has been filled up, the fact should be noted in the appropriate place above.

MED A 279970
1

COUNTERFOIL

For use of Medical Attendant, who should in all cases fill it up.

Name of deceased

Emily Matilda
Cooper

Date of death

4.8.64 Age 85

Place of death

Hiddeletts Home

Last seen alive

Wants Rd Halden

Post-mortem*

1

2

3

Whether seen

after death*

a

b

c

Cause of death:

Cerebral thrombosis

I

a

due to

b

due to

c

II

Signature

Date

ISP
5/8/64

* Ring appropriate digit and letter

A. Reported to Coroner?

.....

B. Further information offered?

.....

N.B.—If either Statement A or Statement B has been filled up, the fact should be noted in the appropriate place above.

MED A 279971
1

COUNTERFOIL

For use of Medical Attendant, who should in all cases fill it up.

Name of deceased } *Jessie Elizabeth*
Leah King

Date of death } *5-8-64* Age *80*

Place of death } *102 Hill Road*
Haldon

Last seen alive } *4.8.64*

Post-mortem* 1 2 (3)

Whether seen after death* a b (c)

Cause of death:—

I a *Cerebral Thrombosis*
due to
b
due to
c

II

Signature *[Signature]*

Date *6.8.64*

• Ring appropriate digit and letter.

A. Reported to Coroner?

.....

B. Further information offered?

.....

N.B.—If either Statement A or Statement B has been filled up, the fact should be noted in the appropriate place above.

MED A 279972

1

COUNTERFOIL

For use of Medical Attendant, who should in all cases fill it up.

Name of deceased

Elizabeth Maria

Date of death

10/8/64

Age

72

Place of death

120 Woodfield Cott
Newbridge

Last seen alive

29-7-64

Post-mortem*

1

2

3

Whether seen after death*

a

b

c

Cause of death:—

I a

due to

b

due to

c

Coronary thrombosis

II

Signature

ISP

Date

11-8-64

* Ring appropriate digit and letter.

A. Reported to Coroner?

.....

B. Further information offered?

.....

N.B.—If either Statement A or Statement B has been filled up, the fact should be noted in the appropriate place above.

MED A 279973
1

COUNTERFOIL

For use of Medical Attendant, who should in all cases fill it up.

Name of deceased } Edith Mabel

Davis

Date of death } 14. 8. 64 Age 80

Place of death } Hatfield Home for

The Blind Work, Rd. Hatfield

Last seen alive } 17/8/64

Post-mortem* 1 2 3

Whether seen after death* a b c

Cause of death:—

I a Cerebral haemorrhage

due to

b

due to

c

II

Signature SP

Date 17/8/64

* Ring appropriate digit and letter.

A. Reported to Coroner?

.....

B. Further information offered?

.....

N.B.—If either Statement A or Statement B has been filled up, the fact should be noted in the appropriate place above.

MED A 279974
1

COUNTERFOIL

For use of Medical Attendant, who should in all cases fill it up.

Name of deceased } *Robert Jones*

Smith

Date of death } *07.8.24* Age *50*

Place of death } *London*

Last seen alive } *15.7.24*

Post-mortem* 1 2 3

Whether seen after death* a b c

Cause of death:—

I a. *Myocardial Infarction*

due to

b.

due to

c.

II

Signature

Date

* Ring appropriate digit and letter.

A. Reported to Coroner?

.....

B. Further information offered?

.....

N.B.—If either Statement A or Statement B has been filled up, the fact should be noted in the appropriate place above.

MED A 279975
1

COUNTERFOIL

For use of Medical Attendant, who should in all cases fill it up.

Name of deceased } *Christopher*
William Reven

Date of death } *6 9 24* Age *67*

Place of death } *Weymouth*
Harley West

Last seen alive } *6 9 24*

Post-mortem* *1* 2 *3*

Whether seen after death* *a* b c

Cause of death:—

I a. *Coronary Artery*
due to *Thrombosis*
b. *Hypertension*
due to
c.

II *Pneumonia TB*

Signature *J. H. H.*

Date *6 9 24*

* Ring appropriate digit and letter.

A. Reported to Coroner?

.....

B. Further information offered?

.....

N.B.—If either Statement A or Statement B has been filled up, the fact should be noted in the appropriate place above.

MED A 279976
1

COUNTERFOIL

For use of Medical Attendant, who should in all cases fill it up.

Name of deceased } ~~Charles~~

Jane Sara Walsh

Date of death } 9/9/64 Age 91

Place of death } Hiddleton Home for the

Blind Wanting Hall

Last seen alive } 7/9/64

Post-mortem* 1 2 3

Whether seen after death* a b c

Cause of death:—

I a. Pericard thrombosis

due to I C V

b.

due to

c.

II

Signature W. J. Allen

Date 9/9/64

* Ring appropriate digit and letter.

A. Reported to Coroner?

.....

B. Further information offered?

.....

N.B.—If either Statement A or Statement B has been filled up, the fact should be noted in the appropriate place above.

MED A 279977
1

COUNTERFOIL

For use of Medical Attendant, who should in all cases fill it up.

Name of deceased } Elizabeth Hannah
B. Rayburn

Date of death } 11. 9. 64 Age 89

Place of death } 30. Well Terrace
Heybridge

Last seen alive } 10. 9. 64

Post-mortem* 1 2 (3)

Whether seen after death* (a) b c

Cause of death:—

I a. hereditary degeneration
due to
b.
due to
c.

II

Signature

Date 11. 9. 64

* Ring appropriate digit and letter.

A. Reported to Coroner?

.....

B. Further information offered?

.....

N.B.—If either Statement A or Statement B has been filled up, the fact should be noted in the appropriate place above.

MED A 279978

1

COUNTERFOIL

For use of Medical Attendant, who should in all cases fill it up.

Name of deceased } Thomas Halsey.....

Redding

Date of death } 30.9.64 Age 69

Place of death } Wan
Hickellin Home for
Sp

The Blind Work Rd Haldon

Last seen alive } 29/9/64

Post-mortem* 1 2 3

Whether seen after death* a b c

Cause of death:—

I a Bronchopneumonia

due to

b Ampicillin # of Stk Lumen

due to

c

II

Signature

Date 30/9/64

* Ring appropriate digit and letter.

A. Reported to Coroner?

.....

B. Further information offered?

.....

N.B.—If either Statement A or Statement B has been filled up, the fact should be noted in the appropriate place above.

MED A 279979
1

COUNTERFOIL

For use of Medical Attendant, who should in all cases fill it up.

Name of deceased } Mrs Beatrice

Boner

Date of death } 6-10-64 Age 82

Place of death } 69 Hollway Rd

Heplodge

Last seen alive } 5-10-64

Post-mortem* 1 2 (3)

Whether seen after death* a b (c)

Cause of death:—

I a Cong. Card. Failure

due to

b

due to

c

II

Signature

Date 7-10-64

* Ring appropriate digit and letter.

A. Reported to Coroner?

.....

B. Further information offered?

.....

N.B.—If either Statement A or Statement B has been filled up, the fact should be noted in the appropriate place above.

MED A 279980
1

COUNTERFOIL

For use of Medical Attendant, who should in all cases fill it up.

Name of deceased

David Malcolm
Holman

Date of death

15.10.64 Age 20

Place of death

14 Washington Rd
Maldon

Last seen alive

14.10.64

Post-mortem*

1

2

③

Whether seen after death*

a

b

① c

Cause of death:—

I a

due to

b

due to

c

Carcinomatosis
Teratoma of
testis

II

Signature

ISP

Date

16-10-64

* Ring appropriate digit and letter.

A. Reported to Coroner?

.....

B. Further information offered?

.....

N.B.—If either Statement A or Statement B has been filled up, the fact should be noted in the appropriate place above.

MED A 279981
1

COUNTERFOIL

For use of Medical Attendant, who should in all cases fill it up.

Name of deceased } Alfred Charles
Simons

Date of death } 26. 11. 64 Age 91

Place of death } 59 Wenty Road
Malden

Last seen alive } 26/11/64

Post-mortem* 1 2 3

Whether seen after death* a b c

Cause of death:—

I a. due to

b. due to

c.

II

Signature

Date

• Ring appropriate digit and letter.

A. Reported to Coroner?

.....

B. Further information offered?

.....

N.B.—If either Statement A or Statement B has been filled up, the fact should be noted in the appropriate place above.

MED A 279982
1

COUNTERFOIL

For use of Medical Attendant, who should in all cases fill it up.

Name of
deceased

Thora Hebble

Date of
death

24-12-64 Age *61*

Place of
death

*16 Essex Rd
Huddersfield*

Last seen
alive

24-12-64

Post-mortem*

1

2

3

Whether seen
after death*

a

b

c

Cause of death:

I

a

due to

b

due to

c

*Status
asthmaticus*

II

Signature

ISP

Date

24-12-64

* Ring appropriate digit and letter.

A. Reported to Coroner?

.....

B. Further information offered?

.....

N.B.—If either Statement A or Statement B has been filled up, the fact should be noted in the appropriate place above.

MED A 279983

1

COUNTERFOIL

For use of Medical Attendant, who should in all cases fill it up.

Name of deceased

Henry Long

Date of death

24.12.64

Age

57

Place of death

Hyderabad
Cold Wara

Last seen alive

24.12.64

Post-mortem*

1

2

3

Whether seen

after death*

a

b

c

Cause of death:—

I

a

due to

b

due to

c

Cerebral / lung

II

Signature

Date

25.12.64

* Ring appropriate digit and letter.

A. Reported to Coroner?

.....

B. Further information offered?

.....

N.B.—If either Statement A or Statement B has been filled up, the fact should be noted in the appropriate place above.

MED A 279984
1

COUNTERFOIL

For use of Medical Attendant, who should in all cases fill it up.

Name of deceased } Emma Randall

Date of death } 5. 1. 65 Age 79

Place of death } 229 Munton
Road Maldon

Last seen alive } 5. 1. 65

Post-mortem* 1 2 (3)

Whether seen after death* a (b) c

Cause of death:—

I a. Coronary circled failure
due to
b. Coronary failure
due to
c.

II

Signature J. H. H.

Date 6. 6. 65

* Ring appropriate digit and letter.

A. Reported to Coroner?

.....

B. Further information offered?

.....

N.B.—If either Statement A or Statement B has been filled up, the fact should be noted in the appropriate place above.

MED A 279985
1

COUNTERFOIL

For use of Medical Attendant, who should in all cases fill it up.

Name of
deceased

FE Wenlock

Date of
death

6/2/65 Age 88

Place of
death

6 Woodrow
Hill

Last seen
alive

Post-mortem*

1

2

3

Whether seen
after death*

a

b

c

Cause of death:

I

a
due to

b
due to

c

Penicillin Thrombosis

II

Signature

Date

M. Math
6/2/65

* Ring appropriate digit and letter.

A. Reported to Coroner?

.....

B. Further information offered?

.....

N.B.—If either Statement A or Statement B has been filled up, the fact should be noted in the appropriate place above.

MED A 279986
1

COUNTERFOIL

For use of Medical Attendant, who should in all cases fill it up.

Name of
deceased

*Ada Jane
Howley*

Date of
death

12 2.66 Age *87*

Place of
death

*13 West 41
Ave.*

Last seen
alive

9. 2. 66

Post-mortem*

1

2

3

Whether seen

after death*

a

b

c

Cause of death:—

I

a

due to

b

due to

c

II

Signature

Date

12. 2. 66

* Ring appropriate digit and letter.

A. Reported to Coroner?

.....

B. Further information offered?

.....

N.B.—If either Statement A or Statement B has been filled up, the fact should be noted in the appropriate place above.

MED A 279987
1

COUNTERFOIL

For use of Medical Attendant, who should in all cases fill it up.

Name of deceased } William Samuel

Wright

Date of death } 4-3-65 Age 92

Place of death } Millerton Home for the

Blind Womans Rd Hildon

Last seen alive }

Post-mortem* 1 2 3

Whether seen after death* a b c

Cause of death:—

I a Cerebral thrombosis

due to

b

due to

c

II

Signature RSP

Date 5-3-65

* Ring appropriate digit and letter.

A. Reported to Coroner?

.....

B. Further information offered?

.....

N.B.—If either Statement A or Statement B has been filled up, the fact should be noted in the appropriate place above.

MED A 279988
1

COUNTERFOIL

For use of Medical Attendant, who should in all cases fill it up.

Name of deceased }

Annice Beatrice
Treadall

Date of death }

5/3/65 Age 70

Place of death }

Red House

Tollerhurst Manor

Last seen alive }

5/7/65

Post-mortem*

1

2

3

Whether seen

after death*

(a)

b

c

Cause of death:

I

a

due to

b

due to

c

Carcinomatosis
Ca of caecum

II

Signature

ISP
9/3/65

Date

* Ring appropriate digit and letter.

A. Reported to Coroner?

.....

B. Further information offered?

.....

N.B.—If either Statement A or Statement B has been filled up, the fact should be noted in the appropriate place above.

MED A 279989
1

COUNTERFOIL

For use of Medical Attendant, who should in all cases fill it up.

Name of deceased } Charles Wright

Date of death } 15/3/65 Age 81

Place of death } 14 West Road
Malden

Last seen alive } 15/3/65

Post-mortem* 1 2 (3)

Whether seen after death* a b (c)

Cause of death:—

I a Ca Rom
due to
b Ca Skinnar
due to
c

II

Signature Mather

Date 16/3/65

* Ring appropriate digit and letter.

A. Reported to Coroner?

.....

B. Further information offered?

.....

N.B.—If either Statement A or Statement B has been filled up, the fact should be noted in the appropriate place above.

MED A 279990
1

COUNTERFOIL

For use of Medical Attendant, who should in all cases fill it up.

Name of deceased } M^r Julebe
 } Amul

Date of death } 20/3/01 Age 90

Place of death } Indore Hem

Last seen }
alive }

Post-mortem* 1 2 3

Whether seen
after death* (a) b c

Cause of death:—

I a. Ca torn
 due to
 b. Ca Caecum
 due to
 c.

II

Signature M. Julebe

Date 20/3/01

* Ring appropriate digit and letter.

A. Reported to Coroner?

.....

B. Further information offered?

.....

N.B.—If either Statement A or Statement B has been filled up, the fact should be noted in the appropriate place above.

MED A 279991
1

COUNTERFOIL

For use of Medical Attendant, who should in all cases fill it up.

Name of deceased } Frederick

James Wine

Date of death } 19/3/65 Age 56

Place of death } 28 Causeway

Last seen alive } 18/3/65

Post-mortem* 1 2 (3)

Whether seen after death* a b (c)

Cause of death:—
I a La L main bronchus
due to
b
due to
c

II

Signature K Philip

Date 19/3/65

* Ring appropriate digit and letter

A. Reported to Coroner?

.....

B. Further information offered?

.....

N.B.—If either Statement A or Statement B has been filled up, the fact should be noted in the appropriate place above.

MED A 279992
1

COUNTERFOIL

For use of Medical Attendant, who should in all cases fill it up.

Name of deceased

Miss Fullan
Anna Fuller

Date of death

20/3/05 Age 82

Place of death

Middleton Hm

Last seen alive

19-3-05

Post-mortem*

1

2

3

Whether seen after death*

a

b

c

Cause of death:

I

a

due to

b

due to

c

II

Signature

Date

* Ring appropriate digit and letter.

A. Reported to Coroner?

.....

B. Further information offered?

.....

N.B.—If either Statement A or Statement B has been filled up, the fact should be noted in the appropriate place above.

MED A 279993
1

COUNTERFOIL

For use of Medical Attendant, who should in all cases fill it up.

Name of deceased } Mr Rine French

Date of death } 20/3/02 Age 82

Place of death } Norfolk Hn

Last seen alive } 20/3/02

Post-mortem* 1 2 3

Whether seen after death* a b c

Cause of death:—

I a bronchopneumonia
due to
b cor bronch
due to
c

II Alzheimer

Signature M. Allen

Date 21/3/02

ing appropriate digit and letter.

A. Reported to Coroner?

.....

B. Further information offered?

.....

N.B.—If either Statement A or Statement B has been filled up, the fact should be noted in the appropriate place above.

MED A 279994
1

COUNTERFOIL

For use of Medical Attendant, who should in all cases fill it up.

Name of deceased } Ethel Grace
Smith

Date of death } 6. 4. 65 Age 81

Place of death } Reddleton Home for

the Blind, Warrington, Cheshire

Last seen alive } 4/5/65

Post-mortem* 1 2 3

Whether seen after death* a b c

Cause of death: a

I a due to b

b due to c

c

II

Signature

Date

A. Reported to Coroner?

.....

B. Further information offered?

.....

N.B.—If either Statement A or Statement B has been filled up, the fact should be noted in the appropriate place above.

MED A 279995
1

COUNTERFOIL

For use of Medical Attendant, who should in all cases fill it up.

Name of deceased } *Lottie Habel*

Digby

Date of death } *8. 4. 65* Age *79*

Place of death } *6 Council Houses*

Woodham Walter

Last seen alive } *8. 4. 65*

Post-mortem* 1 2 3

Whether seen after death* a b c

Cause of death:—

I a *Arteriosclerosis*
due to

b *Arteriosclerosis*
due to

c

II

Signature *[Signature]*

Date *8. 4. 66*

* Ring appropriate digit and letter.

A. Reported to Coroner?

.....

B. Further information offered?

.....

N.B.—If either Statement A or Statement B has been filled up, the fact should be noted in the appropriate place above.

MED A 279996
1

COUNTERFOIL

For use of Medical Attendant, who should in all cases fill it up.

Name of deceased } Bessie Smith.....

Date of death } 13.4.65 Age 76.....

Place of death } Hiddell's Home for.....

the Blind, Warrington Rd. Huddersfield

Last seen alive } 12/3/65.....

Post-mortem* 1 2 3

Whether seen after death* a b c

Cause of death:

I a. Smothering
due to Carbon Monoxide
b.
due to
c. Hypertension

II

Signature

Date 14/4/65

A. Reported to Coroner?

.....

B. Further information offered?

.....

N.B.—If either Statement A or Statement B has been filled up, the fact should be noted in the appropriate place above.

MED A 279997
1

COUNTERFOIL

For use of Medical Attendant, who should in all cases fill it up.

Name of deceased

Ernest Manfield

Date of death

5/5/65

Age

66

Place of death

8 Park Drive
Maldon

Last seen alive

3/5/65

Post-mortem*

1

2

3

Whether seen after death*

a

b

c

Cause of death:—

I

a

due to

b

due to

c

Gr pulmonale
CB & E

II

Signature

ISP

Date

6.5.65

* Ring appropriate digit and letter.

A. Reported to Coroner?

.....

B. Further information offered?

.....

N.B.—If either Statement A or Statement B has been filled up, the fact should be noted in the appropriate place above.

MED A 279998
1

COUNTERFOIL

For use of Medical Attendant, who should in all cases fill it up.

Name of deceased } Jack Douce

Date of death } 12/5/65 Age 68

Place of death } 165 Cambridge Rd
Malton

Last seen alive } 18-5-65

Post-mortem* 1 2 ③

Whether seen after death* ① b c

Cause of death:—

I a..... Bronchopneumonia
due to

b.....
due to

c.....
II Cerebral thrombosis

Signature..... IS P

Date..... 19/5/65

* Ring appropriate digit and letter.

A. Reported to Coroner?

.....

B. Further information offered?

.....

N.B.—If either Statement A or Statement B has been filled up, the fact should be noted in the appropriate place above.

MED A 279999
1

COUNTERFOIL

For use of Medical Attendant, who should in all cases fill it up.

Name of deceased } Edith May
 } Kette

Date of death } 2/6/66 Age 78

Place of death } 59 Wemyss Ave
 } Halifax

Last seen alive } 2/6/66

Post-mortem* 1 2 3

Whether seen after death* a b c

Cause of death:— Bronchitis
I a Cancer
 due to
 b Cancer
 due to
 c Cancer

II M
Signature

Date 3/6/66

* Ring appropriate digit and letter.

A. Reported to Coroner?

.....

B. Further information offered?

.....

N.B.—If either Statement A or Statement B has been filled up, the fact should be noted in the appropriate place above.

MED A 280000
1

COUNTERFOIL

For use of Medical Attendant, who should in all cases fill it up.

Name of deceased

Mrs Alice Marie
Everitt

Date of death

5-6-65 Age 88

Place of death

Ashmere
Holloway Road Herfudge

Last seen alive

Post-mortem*

1

2

3

Whether seen after death*

a

b

c

Cause of death:

I

a

due to

b

due to

c

II

Signature

Date

• Ring appropriate digit and letter.

000028 A 0316
JUN 19 1900
COUNTY OF
JUL 19 1900
A. Reported to Coroner?

.....

B. Further information offered?

.....

N.B.—If either Statement A or
Statement B has been filled up,
the fact should be noted in the
appropriate place above.

10

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